

**PATNA OBSTETRIC & GYNAECOLOGICAL SOCIETY**

**OBST. & GYNAECOLOGICAL WING**  
**Indian Medical Association Building**  
**Dr. A. K. N. Sinha Path**  
**Patna – 800 004 (Bihar)**

**Application Form for Membership**

(Please fill up in Capital Letters)

Name of Candidate : .....

Address : .....

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Dist.....Pin Code.....State.....

Mobile / Phone Number : .....

Email ID : .....

Status of Membership : Life Membership / Annual Membership

Qualification : .....

Mode of Payment : Cash / Bank Draft / Cheque

The Cheque / Draft favouring “Patna Obstetric &amp; Gynaecological Society” payable at Patna only

Cheque / Draft No.	Date of Issue	Name of issuing Bank and Branch	Amount

Date : .....

**Note: Proof of Qualification is essential for being a Member of POGS.****Signature**